U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amende 1. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 11475

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2, Fiscal Year Covered From:

	01/61/05 Through: 12/31/05	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Stuphen Spenyle	Name Brotherhood of Lownotive Engineer's and Frain area Labor Organization File Number 000-101	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any McZZawin e	
Street 6443 F. Cypness CT.	Street 1370 Ontario Street	
city Decatur	City Chevelund	
State Illinois ZIP Code + 4 6 252 1	State OH'O ZIP Code + 4 44113-1702	
5. Position in labor organization. National Vice President		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade yages if any)	7.a. Nature of Interest, Transaction, or Income.	

Signature

ZIP Code + 4

7.b. Amount

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed Stephen Speagle	On <u>May 9, 200</u> 0 Obate	217-864-2633 Telephone Number	

Name

Street

City

State

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Name of Person Filing	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name	a. Labor Organization		
Trade Name, if any: P.O. Box, Bldg., Room No., if any	b. Trust		
Street	c. Employer		
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name	11.a. Nature of such dealing.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Ccde + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Yaeger, Jungbauer & Barczak, Mc	Book/Brief Case - 110.00 Entertalnment - 215.00		
Trade Name, if any:	Chitchiamical 213.00		
P.O. Box, Bldg., Room No., if any			
Street 745 Kasota Que. City Minneapoli's			
State Minnesota ZIP Code + 4 55414			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. #325.00		